

Employee Trust Fund

Promoting More Cost-Effective Healthcare For Our Members And Beneficiaries

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| Board | Mtg Date | Item # |
|-------|----------|--------|
| GIB | 2.8.11 | 4A |

ETF has considerable market power among Wisconsin health plans

| | | |
|-----------------|--------|-------|
| Dean | 50,000 | lives |
| Unity | 30,000 | “ |
| Physicians Plus | 25,000 | “ |
| Humana | 20,000 | “ |
| United | 18,000 | “ |
| GHC - SCW | 16,000 | “ |
| WPS | 12,000 | “ |

Many other Plans in 5-10K range.

ETF Market Power

- ETF represents a significant portion of many insurers' book of business, ETF has the power to influence these companies' care management programs.
- In other words, ETF has a unique opportunity to encourage (or require) Plans to provide further programs for its members that promote patient safety and improve health outcomes while conserving resources.

ETF Market Power

- ETF can further impact cost-effective health care in Wisconsin by:
 - Requiring that all Plans meet or beat a threshold of performance for Health Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers & Systems (CAHPS)* and premium rate setting as a necessary but not sufficient requirement for doing business with ETF
 - Requiring Plans to create or expand programs of particular interest to ETF
 - Sharing best practices among ETF Plans in order to “lift all boats”

* Please refer to your recent memo (Agenda Item 4F) reporting these data from ETF-contracted insurers

ETF Market Power

- Why emphasize other aspects of Plan performance in addition to HEDIS and CAHPS?
 - HEDIS and CAHPS are easily measured proxies for desired health outcomes and are presently the best nationally standardized measures of insurers' performance
 - But...certain evidence-based programs can function as proxies that are much closer to the outcomes desired: improved quality of life, satisfaction, safety, and importantly, cost-effective care

Which Plans Are Doing What?

2009 Disease Management Surveys

In 2009, all ETF Health Plans were surveyed regarding these activities:

| | |
|--|-------|
| •Disease Management (DM) registries | 16/17 |
| •Pharmacy data in DM registries | 14/16 |
| •Low Back Pain (LBP) Clinics | 3/17 |
| •Emergency Department (ED) diagnosis tracking | 17/17 |
| • <u>ED “frequent flier” tracking</u> | 17/17 |
| • <u>Benchmarks for Utilization Management (UM)</u> | 16/17 |
| •Shared Decision Making (SDM) | 3/17 |
| •Availability of Palliative Care Consultation (PCC) | 6/17 |
| • <u>Hospice tracking</u> | 12/17 |
| •Coordination of Care post Hospital Discharge | 8/17 |
| • <u>Prior Authorization of Elective High Tech Radiology Studies</u> | 13/17 |
| •Pharmacy for Predictive Modeling | 11/17 |
| •Patient prescription compliance to Physicians | 8/17 |
| •Benchmarks for prescription utilization | 6/17 |

2009 Disease Management Survey (DMS)

- After submitting its survey responses, each Plan received a letter from ETF.
- Based on the Plan's DMS responses, ETF asked clarifying questions
- ETF shared with each Plan what it felt were its strengths as well as opportunities for improvement
- ETF listed 3-4 programs for each Plan that could become that Plan's future intervention to coincide with ETF programmatic interests

2009 Disease Management Survey

Search for 2011 Commitment

- ETF insurance services staff (along with Dr. Hirsch) had 1:1 meetings with UnitedHealthcare, Humana, Anthem, Health Partners, GHC-EC, GHC-SCW, Physicians Plus, Unity, WEA, WPS, and Dean
- ETF communicated by letter with all other Plans

2009 Disease Management Survey

Search for 2011 Commitment

- Each Plan committed to developing at least one new program for 2011
- ETF responded to each Plan confirming their specific commitments. Plans were informed that ETF would require quarterly progress reports from each Plan going forward

What Are These Programs, And Why Is ETF Interested In Them?

- Prior authorization of elective high technology out-patient radiology: CAT, MRI, PET Scans, and nuclear stress tests
- Coordination of care within 48 hours of hospital discharge
- Shared decision making
- Improving end-of-life care

2009 Disease Management Survey

Best Practices

- Plan A for End-of-Life care and Shared Decision Making
- Plan B for management of high technology out-patient elective radiology
- Based on the DMS as well as data from a National Committee for Quality Assurance (NCQA) report, Plan C for excellent performance regarding cost-effective management of low back pain

Lifting All Boats

- In November of 2010, ETF held its first Plan-wide seminar on the cost-effective management of LBP
 - All Plans' data reviewed and compared. Validity of data discussed and defended
 - UW expert gave lecture on evidence-based care of LBP
 - GHC-SCW Medical Director discussed its lessons learned
 - Other Plan representatives shared their experiences and offered suggestions

Lifting All Boats

- Plan is to use similar format in 2011 to share ideas and best practices involving another topic of interest to ETF

2010 Disease Management Survey

- As with 2009 survey, ETF goal is to discover new care management programs that will decrease cost while improving member and beneficiary health and satisfaction

2010 Disease Management Survey

- ETF analyzing responses at present
- Areas of interest reflected in 2010 Survey:
 - Value Based Insurance Design (VBID) benefit experiences
 - Hospice Average Length Of Stay (ALOS)
 - Prior authorization for certain specialists/clinical conditions
 - Curbing inappropriate Emergency Department utilization
 - Paying providers for e-mail visits with their patients
 - Measuring total episode of care costs to enable comparisons for quality improvement